



#### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

7055

7590

06/03/2005

GREENBLUM & BERNSTEIN, P.L.C. 1950 ROLAND CLARKE PLACE RESTON, VA 20191 EXAMINER

LETT, THOMAS J

...

PAPER NUMBER

ART UNIT

**DATE MAILED: 06/03/2005** 

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/770.292      | 01/29/2001  | Mitsutaka Nagao      | P20533              | 6302             |

TITLE OF INVENTION: NETWORK FACSIMILE APPARATUS AND CHANNEL SELECTING METHOD

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 09/06/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

| indicated unless corrected                                                                                                                      | below or directed otherwise                                                                | Patent, advance orders<br>in Block 1, by (a) spe | and notification ecifying a new co                                                                                                                                                                                                                                                                                                                      | of maintenance fees<br>rrespondence addres                                                                                                                                                                                                                                                    | will be mailed to the current ss; and/or (b) indicating a sepa                                                                                                                                         | correspondence address as trate "FEE ADDRESS" for |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
| maintenance fee notification                                                                                                                    | DE ADDRESS (Note: Use Block 1 for                                                          | any change of address)                           |                                                                                                                                                                                                                                                                                                                                                         | Note: A certificate                                                                                                                                                                                                                                                                           | of mailing can only be used for                                                                                                                                                                        | or domestic mailings of the                       |  |
| 7055 7590 06/03/2005                                                                                                                            |                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                         | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                                                                                                        |                                                   |  |
|                                                                                                                                                 | & BERNSTEIN, P.L.                                                                          | C                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
| 1950 ROLAND CI<br>RESTON, VA 201                                                                                                                | С.                                                                                         |                                                  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
|                                                                                                                                                 |                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                         | transmitted to the Os                                                                                                                                                                                                                                                                         | SF10 (703) 740-4000, on the d                                                                                                                                                                          | (Depositor's name)                                |  |
|                                                                                                                                                 |                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        | (Signature)                                       |  |
|                                                                                                                                                 |                                                                                            |                                                  | ,                                                                                                                                                                                                                                                                                                                                                       | •                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                        | (Date)                                            |  |
| APPLICATION NO.                                                                                                                                 | FILING DATE                                                                                | FIRS                                             | T NAMED INVEN                                                                                                                                                                                                                                                                                                                                           | TOR                                                                                                                                                                                                                                                                                           | ATTORNEY DOCKET NO.                                                                                                                                                                                    | CONFIRMATION NO.                                  |  |
| 09/770,292                                                                                                                                      | 01/29/2001                                                                                 |                                                  | Mitsutaka Nagao                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               | P20533                                                                                                                                                                                                 | 6302                                              |  |
| TITLE OF INVENTION: N                                                                                                                           | ETWORK FACSIMILE AP                                                                        | PARATUS AND CHA                                  | NNEL SELECTI                                                                                                                                                                                                                                                                                                                                            | NG METHOD                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        |                                                   |  |
|                                                                                                                                                 |                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
|                                                                                                                                                 |                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
| APPLN. TYPE                                                                                                                                     | SMALL ENTITY                                                                               | ISSUE FEE                                        | PU                                                                                                                                                                                                                                                                                                                                                      | BLICATION FEE                                                                                                                                                                                                                                                                                 | TOTAL FEE(S) DUE                                                                                                                                                                                       | DATE DUE                                          |  |
| nonprovisional                                                                                                                                  | МО                                                                                         | \$1400                                           | \$300                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               | \$1700                                                                                                                                                                                                 | 09/06/2005                                        |  |
| EXAM                                                                                                                                            | INER                                                                                       | ART UNIT                                         | CL                                                                                                                                                                                                                                                                                                                                                      | ASS-SUBCLASS                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                        |                                                   |  |
| LETT, Ti                                                                                                                                        | HOMAS J                                                                                    | 2626                                             |                                                                                                                                                                                                                                                                                                                                                         | 358-001150                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                        |                                                   |  |
| Change of correspondence     CFR 1.363).                                                                                                        | e address or indication of "Fo                                                             | ,                                                |                                                                                                                                                                                                                                                                                                                                                         | he patent front page,                                                                                                                                                                                                                                                                         | _                                                                                                                                                                                                      |                                                   |  |
| Change of correspond                                                                                                                            | dence address (or Change of                                                                | Correspondence 0                                 | the names of upor agents OR, alternate                                                                                                                                                                                                                                                                                                                  | p to 3 registered pat<br>natively,                                                                                                                                                                                                                                                            | tent attorneys                                                                                                                                                                                         |                                                   |  |
| Address form PTO/SB/13                                                                                                                          | •                                                                                          | ation form                                       | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                            |                                                  | 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
|                                                                                                                                                 | RESIDENCE DATA TO B                                                                        |                                                  | -                                                                                                                                                                                                                                                                                                                                                       | • • •                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                        |                                                   |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                 | s an assignee is identified be<br>a 37 CFR 3.11. Completion                                | clow, no assignee data of this form is NOT a s   | will appear on the<br>substitute for filing                                                                                                                                                                                                                                                                                                             | e patent. If an assignment.                                                                                                                                                                                                                                                                   | gnee is identified below, the d                                                                                                                                                                        | ocument has been filed for                        |  |
| (A) NAME OF ASSIGN                                                                                                                              | EE                                                                                         | (B) RE                                           | ESIDENCE: (CIT                                                                                                                                                                                                                                                                                                                                          | Y and STATE OR CO                                                                                                                                                                                                                                                                             | OUNTRY)                                                                                                                                                                                                |                                                   |  |
|                                                                                                                                                 |                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        | 1                                                 |  |
| Places chack the appropriate                                                                                                                    | e assignee category or catego                                                              | ries (will not be printed                        | d on the natent):                                                                                                                                                                                                                                                                                                                                       | ☐ Individual ☐                                                                                                                                                                                                                                                                                | Corporation or other private gro                                                                                                                                                                       | oun entity Government                             |  |
| 4a. The following fee(s) are                                                                                                                    |                                                                                            |                                                  | yment of Fee(s):                                                                                                                                                                                                                                                                                                                                        | - marridan -                                                                                                                                                                                                                                                                                  | Corporation of other private give                                                                                                                                                                      | oup charry — covernment                           |  |
|                                                                                                                                                 |                                                                                            |                                                  | A check in the amount of the fee(s) is enclosed.                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
| Publication Fee (No small entity discount permitted)                                                                                            |                                                                                            |                                                  | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
| ☐ Advance Order - # of                                                                                                                          | f Copies                                                                                   | De <sub>1</sub>                                  | The Director is h posit Account Nur                                                                                                                                                                                                                                                                                                                     | ereby authorized by<br>nber                                                                                                                                                                                                                                                                   | charge the required fee(s), or (enclose an extra c                                                                                                                                                     | credit any overpayment, to opy of this form).     |  |
|                                                                                                                                                 | (from status indicated above                                                               | _                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               | ***                                                                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·             |  |
|                                                                                                                                                 | MALL ENTITY status. See                                                                    |                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               | ALL ENTITY status. See 37 C                                                                                                                                                                            |                                                   |  |
| NOTE: The Issue Fee and P<br>interest as shown by the reco                                                                                      | is requested to apply the Issurblication Fee (if required) vords of the United States Pate | vill not be accepted from the and Trademark Offi | m anyone other th                                                                                                                                                                                                                                                                                                                                       | an the applicant; a re                                                                                                                                                                                                                                                                        | isly paid issue fee to the applicate<br>egistered attorney or agent; or the                                                                                                                            | ne assignee or other party in                     |  |
| Authorized Signature                                                                                                                            |                                                                                            |                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                             | Date                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                        |                                                   |  |
| Typed or printed name                                                                                                                           |                                                                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                   |  |
| Alexandria, Virginia 22313-                                                                                                                     | -1450.                                                                                     |                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               | y the public which is to file (and<br>2 minutes to complete, includir<br>comments on the amount of tin<br>d Trademark Office, U.S. Dep<br>SS. SEND TO: Commissioner<br>it displays a valid OMB control |                                                   |  |



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                              | FILING DATE           | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|----------------------------------------------|-----------------------|----------------------|-------------------------|------------------|--|
| 09/770,292                                   | 01/29/2001            | Mitsutaka Nagao      | P20533                  | 6302             |  |
| 7055                                         | 7590 06/03/2005       |                      | EXAMINER                |                  |  |
|                                              | 1 & BERNSTEIN, P.L.C. | LETT, THOMAS J       |                         |                  |  |
| 1950 ROLAND CLARKE PLACE<br>RESTON, VA 20191 |                       |                      | ART UNIT                | PAPER NUMBER     |  |
| RESTON, VIII                                 |                       |                      | 2626                    |                  |  |
|                                              |                       |                      | DATE MAILED: 06/03/2004 | ς.               |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 946 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 946 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.